UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF ARKANSAS
CENTRAL DIVISION

UNITED STATES OF AMERICA	)	PLAINTIFF
	)	
v.	)	No. 4:19CR00209-01 LPR
	)	
	)	
JOSHUA SWEAT	)	DEFENDANT

SENTENCING MEMORADUM

"Joshua's desire to please is probably what got him in trouble," said Pastor Kevin

Bernard in an interview with Steven Greene, an investigator with the Federal Public

Defender's office on December 11, 2020. *(Exhibit 1, Internal Memo from Interview).*

According to Pastor Bernard, if it were not for someone preying on Joshua's heart and

mind, this never would have happened. Pastor Bernard leads his flock at New Horizon

Baptist Church in rural Ward, Arkansas. Joshua and his family have attended this

church for many years. So does the family of Pastor Bernard, along with his grandson.

Joshua often helped babysit Pastor Bernard's grandson. The Pastor described how he

often would see Joshua walk around the church school holding him and take care of

him during the interview.

Joshua is a 30-year-old autistic man with other cognitive deficits. He grew up in

this small, tight-knit, and religious community. It appeared to be a perfect situation for

this young man. He lived with his parents. His mother worked at the church school.

Joshua was able to assist at the school while also being supervised himself. Joshua, even as an adult, is unable to live alone or work an independent job due to his low functioning autism. Joshua's mother reports that he does not like to be alone and is unable to complete many tasks with more than two instructions.

The church community provided some shelter and security for both Joshua and his family. However, it also created an environment where Joshua was not provided the tools to recognize when he was led astray. Negative influences took advantage of Joshua's trust and mental illness.

PRELIMINARY STATEMENT

Joshua Sweat violated 18 U.S.C. § 2251(a) when he took pictures nude photos of a child. The statutory term of imprisonment for the offense is not less than fifteen (15) years and not more than thirty (30) years Id. Counsel presumes the Government will move for the third-point for acceptance of responsibility. Joshua respectfully asks this Court to sentence him to fifteen (15) years.

SENTENCING GOALS

An analysis of the 18 U.S.C. § 3553(a) sentencing factors warrants a varied sentence due to Joshua's intellectual deficits. The defense will present the expert testimony of Dr. Benjamin Silber. *(Please see Exhibit 2, Curriculum Vitae of Dr. Benjamin Silber)*. This testimony will address Joshua's diagnosis of Autism Spectrum Disorder and his other cognitive deficits. *(Exhibit 3, Forensic Psychological Examination of Dr. Garrett Andrews)*. Dr. Silber's testimony will also outline how the Court and Probation can assist Joshua in conforming his conduct to the law upon his release from custody. At the conclusion of Dr. Silber's testimony, the Court will understand

how Joshua's intellectual deficits influenced him in this case. It will also understand how he can

learn to conform his conduct to the law and not be a danger to anyone in the future.

Respectfully Submitted,

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For: Joshua Sweat, Defendant

EXHIBIT 1

FEDERAL PUBLIC DEFENDER
CONFIDENTIAL WORK PRODUCT

TO: SONIA FONTICIELLA, ASSISTANT FEDERAL DEFENDER

CC: LISA PETERS, FEDERAL PUBLIC DEFENDER/ ED ARKANSAS
           SHAWN TOBIN, CHIEF INVESTIGATOR
           IMI LOPEZ, LEGAL SECRETARY

FROM: STEVEN K. GREEN, INVESTIGATOR

TYPED: DECEMBER 11, 2020

CLIENT: JOSHUA SWEAT

INTERVIEW OF WITNESS

KEVIN BERNARD
518 WHISKER RD.
WARD, AR 72176
501-628-7141

On December 11, 2020, I contacted KEVIN BERNARD, pastor of New Horizon Baptist Church (13018 Highway 31 N, Ward, AR, 501-843-3979), to inquire about his experiences while observing SWEAT.   BERNARD confirmed that he is the pastor of the church where SWEAT and his family are members.   BERNARD stated he has known SWEAT for approximately fifteen years and is aware of his current charges.

BERNARD stated his grandkid was one of the kids involved in the case and SWEAT is a good kid but slow.   BERNARD stated he is familiar with SWEAT'S behavior because he has a brother similar to SWEAT.   BERNARD told me SWEAT was always willing to please and if he gave SWEAT instructions, he would be happy to do it.   BERNARD stated SWEAT'S desire to please is probably what got him in trouble and BERNARD referenced the guy in TEXAS SWEAT was communicating with about the inappropriate activity.   BERNARD told me if it were not for the person in TEXAS communicating with SWEAT, he probably would not have been in this situation.   BERNARD stated SWEAT is so willing to please and is easily persuaded and he does not have the comprehension to realize the gravity of what he was doing. BERNARD stated he believes SWEAT did not realize his actions had dire and severe consequences and the guy in TEXAS preyed upon his heart and mind.

BERNARD again stated his grandkid was the child SWEAT took photos of and sent to a guy and TEXAS and BERNARD stated, from his knowledge, he never molested anyone or initiated physical contact with anyone.   BERNARD stated SWEAT was always at church and willing to help and BERNARD told me he does not hold grudges against SWEAT, but his daughter might.   BERNARD stated he feels sorry that SWEAT involved in this situation and

1

wish it never happened to him.   BERNARD told me SWEAT is guilty but he did not realize the seriousness of his actions because he is slow.

I asked BERNARD about the daycare setup and he stated SWEAT never really kept any kids but watched his grandson while the mother (BERNARD'S daughter in law), who worked as a secretary at the church, would work and type documents.   BERNARD stated that may have meant that SWEAT may have changed a diaper but SWEAT had no authority over any kids in the daycare.   BERNARD stated SWEAT just helped take care of his grandson and BERNARD would see SWEAT walk around the school holding his grandson and take care of him.

BERNARD believed SWEAT may have gotten involved via Facebook or some page he should not have been viewing.   BERNARD also stated it's possible that SWEAT being an American male, was surfing for pornography but he wasn't sure.

BERNARD stated he would be willing to testify if needed but he thought his daughter might not be so be willing.   BERNARD agreed to be contacted again and I told him I would text him my cell phone number and our office number.

EXHIBIT 2

BENJAMIN J. SILBER, Ph.D., ABPP

Board Certified Forensic Psychologist
Licensed Clinical Psychologist
(501) 444-2688
Benjamin.Silber@psychological-evaluations.com

CURRICULUM VITAE

Education History:

Pacific Union College
Degree: Bachelor of Science in Psychology
Bachelor's graduation: June 2008

Loma Linda University
Degree: Doctorate of Clinical Psychology, Ph.D. Program
Master's graduation: June 2010
Ph.D. graduation: June 2014
Concentration: Neuropsychology/Health Psychology
APA Accredited Ph.D. Program
APA Accredited Internship: Federal Bureau of Prisons – FCC Butner, NC

Arkansas State Hospital/University of Arkansas for Medical Sciences
Postdoctoral Fellowship in Forensic Psychology
Completion: August 2015

Certifications:

Licensed Psychologist: Licensed in Arkansas, License Number 15-20P – October 2015
Licensed Psychologist: Licensed by PSYPACT – March 2022
Division of Aging, Adult, & Behavioral Health Services certified Forensic Evaluator (Qualified Psychologist) – September 2014
Board Certified in Forensic Psychology, American Board of Professional Psychology – October 2021
Fellow, American Academy of Forensic Psychology – October 2021

Clinical Experience:

Forensic Psychologist **for Expert Psychological Evaluations,** Little Rock, AR, April 2016 – Present.

Description: Private forensic psychology practice providing assessment and consultation services for a range of legal referral questions. Evaluations are performed in jails, prisons, a private office, hospitals, or treatment facilities as needed.

Duties: Conducted forensically-relevant evaluations including competence to stand trial (fitness to proceed), culpable mental state (diminished capacity), malingering, violence risk, competence restorability, mental state at the time of the offense (criminal responsibility), disability eligibility, parental capacity, psychological/mental injury, capacity to waive Miranda rights, mitigating circumstances, and fitness for duty. Consultation and expert testimony were provided.

Forensic Psychologist/UAMS Assistant Clinical Professor of Psychiatry **for Arkansas State Hospital,** Little Rock, AR, Sept 2015 – Present.

Description: State forensic psychiatric hospital housing patients who have allegedly committed a crime and are court ordered to receive evaluations intended to answer legal questions and/or receive treatment for mental illness.

Duties: Conducted forensically-relevant evaluations including competence to stand trial, culpable mental state, malingering, violence risk, competence restorability, and mental state at the time of the offense. Expert testimony in Arkansas state court was provided. Participated in semiweekly forensic seminars (advanced forensic seminar, landmark case seminar, and case conference seminar).

Post-Doctoral Fellow **for Arkansas State Hospital**, Little Rock, AR, Sept 2014 to Aug 2015.

Description: State forensic psychiatric hospital housing patients who have allegedly committed a crime and are court ordered to receive evaluations intended to answer legal questions and/or receive treatment for mental illness.

Duties: Conducted forensically-relevant evaluations including competence to stand trial, culpable mental state, malingering, violence risk, competence restorability, and mental state at the time of the offense. Expert testimony in Arkansas state court was provided. Participated in semiweekly forensic seminars.

Intern **at Federal Correctional Complex - Butner, NC** (APA Accredited), Aug 2013 to Aug 2014.

Description: A prison complex which houses inmates in five unique correctional institutions (as well as pre-trial, NGRI, and civilly committed individuals in specialized units or programs). The population consists of adult males of all security levels with a highly diverse range of backgrounds from across the country, often the world.

Duties: Conducted a variety of clinical (psychodiagnostic), forensic (dangerousness/violence risk, malingering, criminal responsibility, involuntary treatment, and competence to stand trial), educational (learning disabilities, ADHD, and cognitive disorders), and medically-relevant (interferon treatment and organ transplant) evaluations. Expert testimony was provided in federal court. Duties also included group and individual therapy sessions with patients, crisis management, program development, and consultation services. Participated in weekly general psychology and forensic seminars as well as general psychology and forensic group supervision.

Clerk **for Patton State Hospital,** Highlands, CA, Sept 2012 to Aug 2013.

Description: Patton State Hospital is a 1,200 bed maximum-security forensic psychiatric hospital housing judicially committed patients under various commitment types.

Duties: Administered a variety of clinical, forensic (competence to stand trial), malingering, and neuropsychological test batteries. Batteries provided diagnoses and recommendations to an interdisciplinary treatment team. Duties also included weekly group therapy and cognitive rehabilitation sessions with patients. Training included weekly training seminars and group supervision on topics regarding forensic and clinical psychology.

Practicum Extern II **for Loma Linda University, Behavioral Medicine Center,** Redlands, CA, Sept 2011 to Aug 2012.

Description: Private psychiatric hospital with inpatient and partial hospitalization population ranging in age from adolescence to late adulthood. Patients experienced moderate to

severe mental illness with a broad range of psychiatric presentations. Clients were often involuntarily hospitalized.

Duties: Responsible for treating and assessing patients. Treatment included psychoeducation, coping skills, CBT, mindfulness, and process groups as well as individual therapy. Assessments were largely psychodiagnostic in nature with some cognitive and malingering evaluations.

Presentations and Lectures

1. Presentation: The Community Mental Health Act, Inn of Court Conference, Little Rock, AR, 2016
2. Presentation: Mental Health Considerations in Capital Murder Cases, Arkansas Trial Lawyers Association Conference, Little Rock, AR on 10/13/2016
3. Presentation: Threat Assessment, Psychopharmacology Conference, Little Rock, Arkansas on 02/06/2018
4. Presentation: Detection of Malingering, Henderson College, 04/17/2018
5. Presentation: Overview of Forensic and Correctional Psychology, University of Arkansas at Little Rock, 04/30/2018
6. Presentation: Arkansas Statute & Evaluation of Fitness to Proceed, Arkansas Forensic Examiners Training, 07/19/2018
7. Presentation: Evaluation of Malingering, Arkansas Forensic Examiners Training, 07/20/2018
8. Presentation: Overview of Forensic Psychology, University of Arkansas for Medical Sciences, 06/05/2019
9. Presentation: Considerations for Evaluation Referrals, Mental Health CLE, 02/22, 06/19, 06/21, and 06/27/2019
10. Presentation: Psychology and the Death Penalty, Arkansas State Hospital, 07/03/2019
11. Presentation: Evaluation of Malingering, Arkansas Forensic Examiners Training, 07/11/2019
12. Presentation: Intro to DSM-5 Diagnosis, Arkansas Forensic Examiners Training, 07/12/2019
13. Presentation: Personal Injury/Emotional Damages, Taylor Hardin Secure Medical Facility, 04/17/2020
14. Presentation: Effective Fitness to Proceed Restoration Interventions, Arkansas State Hospital, 09/17/2020
15. Presentation: The Mismeasure of Man, Arkansas State Hospital, 10/21/2020
16. Presentation: Overview of Forensic Psychology, Arkansas State Hospital, 08/24/2021
17. Presentation: Intro to DSM-5 Diagnosis, Arkansas Forensic Examiners Training, 10/01/2021
18. Presentation: Cross-Examination of Psychologists – According to a Psychologist, University of Arkansas at Fort Smith, 05/13/2022

Additional Training Experience

I. Audited a Psychiatry and the Law course at the University of Arkansas, School of Law (January – April 2015).
II. DAABHS Certified Forensic Examiner: 2015 – Present.
III. Forensic Psychology Workshops Attended:
1. Forensic Report Writing, San Antonio, TX (September 2014). Presenter: Deborah Collins, Psy.D., ABPP.
2. Critical Thinking in Forensic Psychological Evaluation, San Antonio, TX (September 2014). Presenter: Terry Kukor, Ph.D., ABPP.
3. Effective and Ethical Expert Testimony, San Antonio, TX (September 2014). Presenter: Joel Dvoskin, Ph.D., ABPP.

4. Insanity Defense Evaluations, San Antonio, TX (September 2014). Presenter: Philip J. Resnick, M.D.
5. Ethical Issues in Forensic Practice, San Antonio, TX (September 2014). Presenter: Alan Goldstein, Ph.D., ABPP.
6. Evidence-Based Evaluations of Criminal Responsibility, Cincinnati, OH (September 2015). Presenter: Terry Kukor, Ph.D., ABPP.
7. Evaluation of Competence to Stand Trial, Cincinnati, OH (September 2015). Presenter: Candyce Shields, Ph.D., ABPP.
8. Special Topics in Competency and Criminal Responsibility Evaluations, Cincinnati, OH (September 2015). Presenters: Candyce Shields, Ph.D., ABPP. and Terry Kukor, Ph.D., ABPP.
9. Forensic Assessment of Malingering and Feigned Mental Disorders: Theory and Practice, Cincinnati, OH (September 2015). Presenter: Richard Rogers, Ph.D., ABPP.
10. Forensic Report Writing, Cincinnati, OH (September 2015). Presenter: Richart L. DeMier, Ph.D., ABPP.
11. Controversies in Forensic Mental Health Assessment, Atlanta, GA (October 2016). Presenters: Terry Kukor, Ph.D., ABPP, and Richart L. DeMier, Ph.D., ABPP.
12. Threat Assessment and Management, Atlanta, GA (October 2016). Presenter: Kostas A. Katsavdakis, Ph.D., ABPP.
13. Assessing and Managing Violence Risk, Las Vegas, NV (November 2017). Presenter: Mary Alice Conroy, Ph.D., ABPP.
14. Ethical Issues in Forensic Psychology Practice, Las Vegas, NV (November 2017). Presenter: Randy K. Otto, Ph.D., ABPP.
15. Evaluating the Validity of Miranda Waivers and the Trustworthiness of Confessions, Las Vegas, NV (November 2017). Presenter: Alan Goldstein, Ph.D., ABPP.
16. Improving Testimony in Depositions and Trials, Las Vegas, NV (November 2017). Presenter: Phillip J. Resnick, M.D.
17. Comprehensive Assessment of Malingering, Las Vegas, NV (November 2017). Presenter: Richart L. DeMier, Ph.D., ABPP.
18. Evidence and Testimony for Forensic Psychologists, Providence, RI (November 2018). Presenter: Timothy Tippins, Esq.
19. Tactical Approaches to Formulating and Communicating Criminal Responsibility Opinions, Providence, RI (November 2018). Presenters: Terry Kukor, Ph.D., ABPP & Maureen Reardon, Ph.D., ABPP.
20. Assessment of Risk for Violence in Juveniles, Providence, RI (November 2018). Presenter: Debra Baeder, Ph.D., ABPP.
21. Forensic Assessment in Death Penalty Cases: Practical and Ethical Considerations, Providence, RI (November 2018). Presenter: Maureen L. Reardon, Ph.D., ABPP

EXHIBIT 3

ARKANSAS
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& Behavioral Health
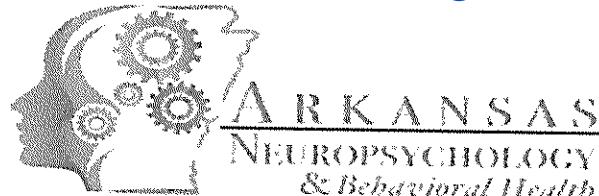
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Arkansas Neuroscience Institute and Research Center
6020 Warden Rd, Suite 210
Sherwood, AR 72120
Office Phone: (501) 537-1388
Fax: (501) 377-9244

Neuropsychological Consultation Report

Name: Joshua Sweat
Date: 09/14/2019

Referral: This 27-year-old, 10 year educated, left handed, Caucasian, male was referred for neuropsychological examination at the request of his attorney.

Background: Mr. Sweat reported that he grew up in Jacksonville Arkansas, but currently lives with his parents and Bebee. He states that he was arrested at church. He is currently residing in the Sheridan detention center.

He notes cognitive delays growing up. He said he started school at around the age of 5-6, but was held back in the fifth, sixth, ninth, and 10th grade. He denies special education, but indicates significant difficulties with math and language task. He denied having attendance problems. He denied ever receiving school testing or an individual education plan (IEP). However, he attended a private school and ran by his church until the 11th grade and then homeschooled. He reports that he graduated. He denies attending college. He states that he passed CPR training. He does not have a driver's license nor does he drive.

He reports receiving Social Security disability for Asperger's disorder. He states he worked as a babysitter at his mom's school. He also stated he briefly worked as a stocker in a grocery store. He stated that job lasted less than a week. He stated he quit that job due to a disagreement about shaving. He was 25 years old at the time. His parents are reportedly employed full-time. His mother is employed as a teacher. His father is employed at Remington arms.

He notes living with his parents "most of my life." He states that his father takes care of his disability check and use it to pay bills. He is allowed a $20 a month allowance.

He has four brothers and two sisters. He is the second oldest. He denies any developmental history or problems in the family.

He reportedly cannot cook and does so on occasion. He is responsible for taking the trash out. He indicates the belief he would have significant trouble living on his own.

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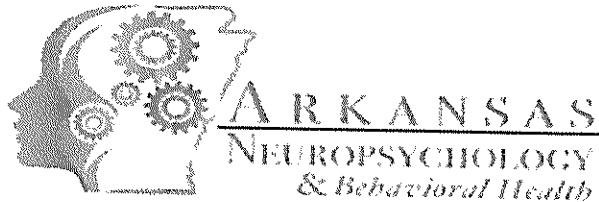
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He would babysit at his mom's employment 5 days a week. He stated he would babysit from babies up to 2 years old. His mother was a teacher at the private school. He would babysit at the school building. He stated he would attend church "all day Sunday" and at night on Wednesday. He denies any history of mental health difficulties. He denies any history of psychiatric treatment. He denies any hospitalizations. He states that he does have asthma.

He denies any history of legal difficulties.

He stated in 2010 he was assessed by Dr. Snow for ADHD. He was given Adderall, which he said helped him focus at school. He says without Adderall he would get angry and irritable.

He states that he does not have many friends and he does not talk to people. He states that he is very shy. He is indifferent to having close relationships with others. He is closest to his parents. He states that he is not very close to his siblings and that if he did not see them it would not bother him very much. He states that he currently misses his parents but he is doing okay. He denies any difficulty with changes to routine. He states that "friends" but he does have her own Facebook or at church. He does not physically interact with these friends. He states that he met a person on Facebook, that he did not know him other than on Facebook, and that he sent pictures to him.

He states that his parents visit every Saturday. No other visitors. He states that he does not receive any phone calls. He states that his parents put money on his books. He states that they do not approve and do not like the fact that he is in jail.

He denies the use of drugs or alcohol. He describes his mood is normal. He states that he currently spends the day watching TV in his cell. He states he does not like being outside. He states that he stays inside and does not interact with other inmates.

He is aware that he has been charged with child pornography and that images were found on his phone. He admits that was his phone. He states that someone text him those pictures. He states that that person is in jail also. He stated that he did not know this person other than through social media.

<u>Mental Status</u>: Mr. Sweat was seen at the Sheridan detention center. He was alert, attentive, and oriented to person, place, time, and situation. Dress was appropriate. He did appear disheveled, his hair appeared unwashed, and he was unkempt and displayed very long fingernails. Hearing was adequate. He used glasses for visual acuity. He ambulated independently. General motor activity was normal. Affect was full and appropriate. He was mostly flat. Mood was euthymic. Interpersonally he was appropriate, easily engaged, and passive. He appeared to be relaxed and cooperative. Speech was fluent but at times difficult to understand. Thought process was linear and goal-directed. There was no indication of delusions or hallucinations. He followed directions as given only needing repetition occasionally. He denied suicidal ideation. He had some difficulty with comprehension on task. When he completed the MMPI-2 RF if he did not know the answer he would stare or look away needing to be prompted to continue.

Page 2

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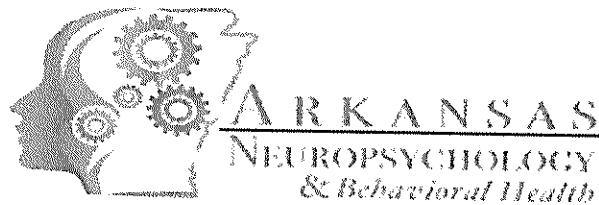
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<u>Validity</u>: Multiple internal performance validity procedures were used during the examination. Some measures rely on consistency of relationships of scores while others assess unrealistically poor performance. His performance on validity measures indicates that the cognitive data obtained during this exam is valid for interpretation.

<u>Premorbid Estimate</u>: Test of Premorbid Functioning, a word recognition task associated with premorbid IQ, fell in the solidly average range. Demographic estimation of premorbid functioning fell in the solidly average range. The Barona Index, a demographically based regression method to estimate premorbid intelligence, fell in the solidly average range. The Overall Test Battery Mean (OTBM) was in the below average/borderline abnormal range. Given his performances and demographics, the expected level of premorbid functioning was in the solidly average range (44 T, - 27 %ile). However, given the low performance on the IQ portion of the assessment the expected performance level prediction does not have optimal reliability.

Test Name	T Score	Range
Barona FSIQ	45	solidly average
Demographic Estimate	45	solidly average
Base Level	45	solidly average
TOPF	44	solidly average

<u>Exam Results</u>: In the report that follows, the current data is variously adjusted for age, education, gender, handedness, and ethnicity as appropriate.

Score Key:
T-Score: Mean = 50, Standard Deviation (SD) = 10
IQ/Standard Score: Mean = 100, SD = 15
Scaled Score: Mean = 10, SD = 3

<u>General Intellectual/Global Functions</u>: As part of the evaluation, he completed the WAIS-IV. Overall, his intellectual functioning was in the Borderline range (Full Scale IQ 70, 2 %ile). His Verbal Comprehension Index score was 78, and fell in the Borderline range (7 %ile). His nonverbal functioning was 71, and fell in the Borderline range (Perceptual Reasoning Index, 3 %ile). His Working Memory was 71 (ability to hold information in mind and manipulate it) in the Borderline range (3 %ile). His Processing Speed index score was 76 and fell in the Borderline range (5 %ile).

Verbal Subtests:	Scale Scores
Similarities	4
Digit Span	5
Vocabulary	6
Arithmetic	5
Information	8

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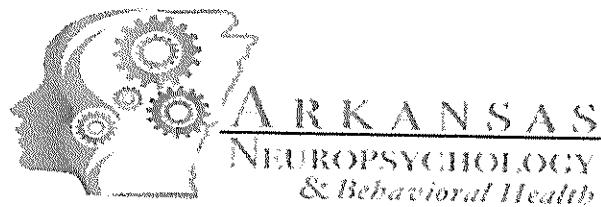
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Performance Subtests:	Scale Scores
Block Design	7
Matrix Reasoning	4
Symbol Search	6
Coding	5
Visual Puzzles	4

Overall neurocognitive functioning, according to the Neuropsychological Assessment Battery total score of 30, fell in the mildly abnormal range and was mildly impaired compared to the expected level of performance.

Attention and Concentration: The tasks included in this domain assess a variety of attention-concentration tasks, ranging from simple to complex/divided, and ability to hold information in mind for cognitive manipulation. The Attention & Working Memory Domain performance was overall in the below average/borderline abnormal range, which was within the expected level of performance. He showed consistency in performance across the tasks that make up this domain.

Simple auditory attention for numeric sequences was in the mildly abnormal range (Digit Span). This score was mildly impaired compared to the expected level of performance (11 T Score points below). Supra-span capacity for contextual auditory-verbal information was in the abnormal range. About 9-12 syllables of contextual information could be processed (absorbed & recited); beyond that, the volume and/or context of the information degraded (Sentence Repetition). General working memory requiring the ability to keep information in mind while performing cognitive problems was in the mildly abnormal range. The DVT is a simple task designed to measure vigilance during rapid visual tracking and accurate selection of target stimuli. It focuses on alertness and vigilance while placing minimal demands on two other components of attention: selectivity and capacity. The total time to completion fell in the in the solidly average range. Total errors, indicating omission or commission errors, on the DVT, fell in the solidly average range. This task reveals the ability to correctly select target stimuli while avoiding distractions. Spatial delayed-recognition span test, a measure of visual working memory and visual scanning, fell in the solidly average range. Overall Attention Index from the Neuropsychological Assessment Battery was T = 35. This fell in the below average/borderline abnormal range.

Test Name	T Score	Range
Arithmetic (ARI)	33	mildly abnormal
Digit Span (DS)	33	mildly abnormal
Animal Naming (AN)	26	abnormal
Sentence Repetition (SR)	25	abnormal
NAB Attention	35	below average/borderline abnormal
NAB Dots	46	solidly average
DVT Time	48	solidly average
DVT Errors	52	solidly average
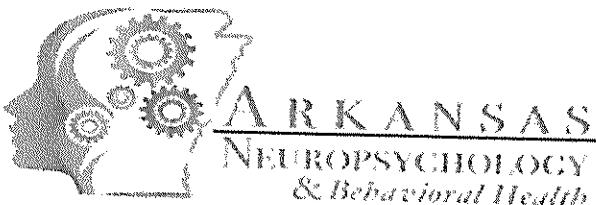
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<u>Processing Speed and Mental Flexibility</u>: These tasks assess cognitive speed/efficiency of information processing and cognitive flexibility. On this domain, his performance was overall in the low average range, which was within the expected level of performance. He showed consistency in performance across the tasks that make up this domain.

Visual scanning and matching was in the below average/borderline abnormal range (Symbol-Search). Graphic symbol-substitution was in the mildly abnormal range (Symbol-Digit). Sequential processing of unidimensional-automatized information was in the solidly average range (Trails A). Stroop word score, reading quickly, fell in the below average/borderline abnormal range. The color word score (ability to mentally inhibit a response) from the Stroop Test fell in the below average/borderline abnormal range.

Test Name	T Score	Range
Coding (COD)	33	mildly abnormal
Symbol Search (SYS)	37	below average/borderline abnormal
Trails A (TA)	49	solidly average
Trails B (TB)	44	solidly average
Stroop Word	39	below average/borderline abnormal
Stroop Color Word	39	below average/borderline abnormal
Stroop Interference	46	solidly average

<u>Verbal Reasoning</u>: These tasks assess a variety of auditory-verbal capacities involving expressive and receptive language, verbal reasoning and comprehension. The Verbal Functioning Domain performance was overall in the mildly abnormal range, which was mildly impaired compared to the expected level of performance. He showed consistency in performance across the tasks that make up this domain.

Breadth of word knowledge (Vocabulary) was in the below average/borderline abnormal range. Phonemic verbal fluency (F-A-S) was in the abnormal range. Category verbal fluency (Animal Naming) was in the abnormal range. Verbal (similarities) reasoning and conceptualization was in the mildly abnormal range. Fund of accumulated and accessible general knowledge (Information) was overall in the low average range. The color score from Stroop Test fell in the below average/borderline abnormal range. Visual confrontational naming, a measure of semantic word finding abilities, fell in the high average range. Overall Language Functions Index from the Neuropsychological Assessment Battery was T = 40. This fell in the low average range and was within the expected level of performance.

Test Name	T Score	Range
Vocabulary (VOC)	37	below average/borderline abnormal
Similarities (SIM)	30	mildly abnormal
Information (INFO)	43	low average
Controlled Oral Word (COWA)	21	abnormal
NAB Language	40	low average

Arkansas Neuropsychology & Behavioral Health
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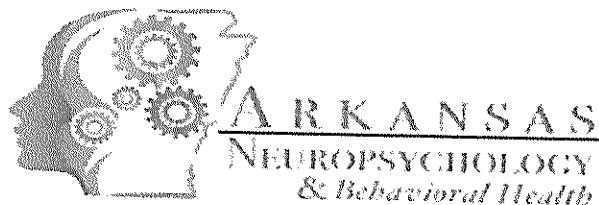
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NAB Naming	58	high average
Stroop Color	37	below average/borderline abnormal

<u>Visual-Spatial Reasoning</u>: These tasks include visual perception, spatial orientation, perceptual reasoning, and non-verbal problem solving. Overall the Visual-Spatial domain fell in the mildly abnormal range (T-Score=31, 3 %tile) and was mildly impaired compared to the expected level of performance.

Visual-spatial conceptual organization and construction (Block Design) was in the low average range.   Visual-spatial abstract analysis and reasoning (Matrix Reasoning) was in the mildly abnormal range. Visual-perceptual judgment and estimation (Judgment of Line Orientation) was in the abnormal range. Visual perceptual accuracy, that is not easily verbally encoded, fell in the abnormal range. Conceptual (gestalt) organization by graphic (drawing) constructional development (NAB Figure Copy) was in the below average/borderline abnormal range. Overall Spatial Index from the Neuropsychological Assessment Battery was T = 28. This fell in the abnormal range and was mildly impaired compared to the expected level of performance.

Test Name	T Score	Range
Block Design (BD)	40	low average
Matrix Reasoning (MR)	30	mildly abnormal
Judgment of Line Orientation	20	abnormal
Visual Puzzles (VP)	30	mildly abnormal
NAB Spatial	28	abnormal
NAB Visual Discrimination	22	abnormal
NAB Figure Copy	36	below average/borderline abnormal
NAB Fig Org	42	low average

<u>Verbal Memory</u>: These tasks assess new-learning/encoding and subsequent recall/memory of auditory-verbal information. Verbal Memory Domain performance was in the solidly average range, which was within the expected level of performance. He showed consistency in performance across the tasks that make up this domain.

Overall Memory Functions from the Neuropsychological Assessment Battery was T = 40. This fell in the low average range and was within the expected level of performance Learning of an unstructured word list over multiple trials was below average/borderline abnormal. Delayed recall for an unstructured word list was solidly average. Recognition memory of previously learned words was solidly average. Retention of previously learned words from an unstructured word list was solidly average. Learning and encoding for a structured story was mildly abnormal. Delayed recall for details of a structured story was solidly average. Retention of details from a previously learned story fell in the high average range.

Test Name	T Score	Range
NAB Memory	40	low average
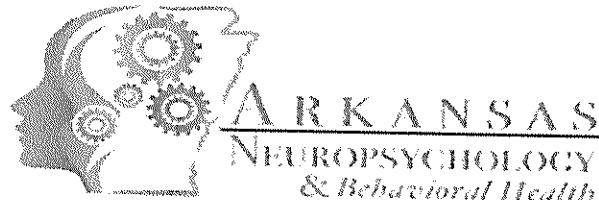
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NAB List Learning	37	below average/borderline abnormal
NAB List Long Delay	49	solidly average
NAB List Recog	50	solidly average
NAB List Retention	50	solidly average
NAB Story Learning	32	mildly abnormal
Nab Story Recall	44	solidly average
NAB Story Retention	57	high average

<u>Visual Memory</u>: These tasks assess new-learning/encoding and subsequent recall/memory of visual-spatial information. The Visual Memory Domain performance was overall in the below average/borderline abnormal range, which was within the expected level of performance. He showed consistency in performance across the tasks that make up this domain.

Recognition learning for unique geometric shapes fell in the in the solidly average range. Delayed recognition for unique geometric shapes fell in the in the below average/borderline abnormal range. Retention of previously learned shapes fell in the mildly abnormal range. Immediate recall (spatial processing) for details of a complex figure was in the below average/borderline abnormal range. Retention for details of a previously drawn complex figure was in the abnormal range. Learning for unique geometric figures repeated over several trials fell in the low average range. Delayed recall for previously drawn unique geometric shapes was low average.

Test Name	T Score	Range
BVMT-R Total	42	low average
BVMT-R Delayed	40	low average
NAB Shape Recog	51	solidly average
NAB Shape Delayed	37	below average/borderline abnormal
NAB Shape Retention	34	mildly abnormal
NAB Figure Recall	38	below average/borderline abnormal
NAB Figure Recog	22	abnormal

<u>Motor & Sensory</u>: Dominant Motor & Sensory Domain performance was overall in the abnormal range, which was mildly impaired compared to the expected level of performance. Non-Dominant Motor & Sensory Domain performance was overall in the abnormal range, which was mildly impaired compared to the expected level of performance.

Test Name	T Score	Range
Dom Grooved Pegboard	25	abnormal
Non-Dom Grooved Pegboard	29	abnormal
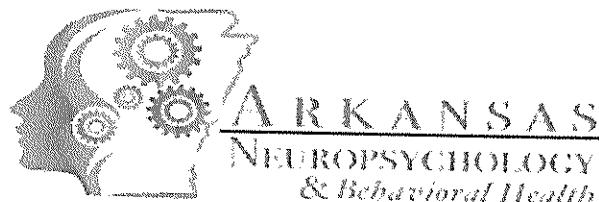
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Executive Functions: Executive functioning assesses overall decision-making and judgment, including reasoning and planning. This functional domain is comprised of items from both the verbal and visual reasoning domains.

Overall reasoning and problem solving fell in the mildly abnormal range (T-Score=31, 3 %tile) and was mildly impaired compared to the expected level of performance. On a task of visual reasoning involving constructing three-dimensional designs his score fell in the low average range. His ability to think flexibly without making excessive errors was low average, but still within generally normal functioning limits on a task of requiring him to alternate between a pattern of numbers and letters. This task also required visual scanning, visual-motor coordination, and visual-spatial processing. Sensitivity to interference fell in the solidly average range. Ability to plan and organize a complex figure drawing was in the low average range. Judgment as it pertains to independence in daily living fell in the abnormal range. This includes answering questions about home safety, health, and medical issues likely to be encountered in everyday life. Overall Executive Functions Index from the Neuropsychological Assessment Battery was T = 25. This fell in the abnormal range and was mildly impaired compared to the expected level of performance.

| Test Name	T Score	Range
Controlled Oral Word (COWA)	21	abnormal
Similarities (SIM)	30	mildly abnormal
Block Design (BD)	40	low average
Trails B (TB)	44	solidly average
NAB Executive	25	abnormal
NAB Judgment	28	abnormal

Self-Rating Inventories:
Mild Anxiety was noted on a self-rating questionnaire. Significant depression was not elevated.

Summary of Findings:
- Impaired general cognition
- Impaired Attention & Concentration
- Impaired Verbal Reasoning
- Impaired Visual Reasoning
- Impaired Visual Memory
- Impaired Dominant Motor & sensory
- Impaired Non-Dominant Motor & Sensory

His overall functioning falls in the range of mild intellectual disability to borderline intellectual functioning. His neurocognitive abilities are comparable to his intellect and overall fall in the below normal range. Additionally, the current cognitive difficulties are persistent symptoms and sufficient to interfere with the performance of duties or social adjustment. Given his social and adaptive deficits, he would meet the criteria for a diagnosis of Mild Intellectual Disability.

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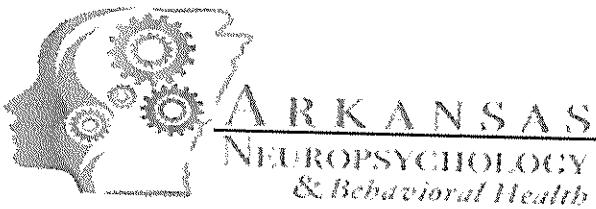
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Neuropsychological Summary Data:

Test Name	T Score	Range
0-Premorbid	44	solidly average
OTBM	37	below average/borderline abnormal
DTBM	35	below average/borderline abnormal
1-Attention/Working	37	below average/borderline abnormal
2-Processing Speed	41	low average
3-Verbal Reasoning	38	below average/borderline abnormal
4-Visual Reasoning	31	mildly abnormal
5-Verbal Memory	44	solidly average
6-Visual Memory	37	below average/borderline abnormal
7-Dominant Motor/Sensory	25	abnormal
8-Non Dominant Motor/Sensory	29	abnormal
Executive Function	31	mildly abnormal

Relative Weakness: (Below 34T)
simple awareness
verbal working memory
visual working memory
concentration
sustained attention
visual perception
visual scanning
visual spatial skills
judgment of lines and angles
dominant hand motor speed and persistence
fine motor control
hand-eye coordination
simple expressive language
basic mathematics skills
expressive language
receptive language
verbal abstraction
word fluency
auditory perception
delayed recall of verbal information
long term memory
cognitive processing speed
mental flexibility
ability to identify important information

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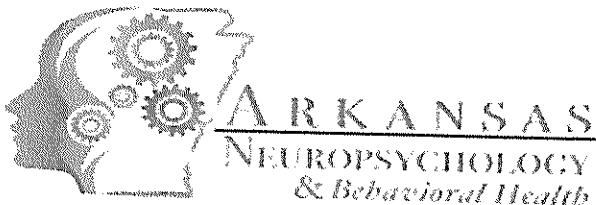
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| Sorted Scores:	T-Scores (%ile)	Range
Judgment of Line Orientation	20 (0.1%ile)	abnormal
Controlled Oral Word (COWA)	21 (0.2%ile)	abnormal
Controlled Oral Word (COWA)	21 (0.2%ile)	abnormal
NAB Visual Discrimination	22 (0.3%ile)	abnormal
NAB Figure Recog	22 (0.3%ile)	abnormal
NAB Visual Discrimination	22 (0.3%ile)	abnormal
NAB Figure Recog	22 (0.3%ile)	abnormal
Sentence Repetition (SR)	25 (0.6%ile)	abnormal
Dom Grooved Pegboard	25 (0.6%ile)	abnormal
NAB Executive	25 (0.6%ile)	abnormal
NAB Executive	25 (0.6%ile)	abnormal
Animal Naming (AN)	26 (0.8%ile)	abnormal
NAB Spatial	28 (1%ile)	abnormal
NAB Judgment	28 (1%ile)	abnormal
NAB Spatial	28 (1%ile)	abnormal
NAB Judgment	28 (1%ile)	abnormal
NDom Grooved Pegboard	29 (2%ile)	abnormal
Similarities (SIM)	30 (2%ile)	mildly abnormal
Matrix Reasoning (MR)	30 (2%ile)	mildly abnormal
Similarities (SIM)	30 (2%ile)	mildly abnormal
NAB Total	30 (2%ile)	mildly abnormal
NAB Story Learning	32 (4%ile)	mildly abnormal
NAB Story Learning	32 (4%ile)	mildly abnormal
Coding (COD)	33 (4%ile)	mildly abnormal
Arithmetic (ARI)	33 (4%ile)	mildly abnormal
Digit Span (DS)	33 (4%ile)	mildly abnormal
NAB Shape Retention	34 (5%ile)	mildly abnormal
NAB Shape Retention	34 (5%ile)	mildly abnormal
NAB Attention	35 (7%ile)	below avg/borderline
NAB Attention	35 (7%ile)	below avg/borderline
NAB Figure Copy	36 (8%ile)	below avg/borderline
NAB Figure Copy	36 (8%ile)	below avg/borderline
Vocabulary (VOC)	37 (10%ile)	below avg/borderline
Symbol Search (SYS)	37 (10%ile)	below avg/borderline
NAB List Learning	37 (10%ile)	below avg/borderline
NAB Shape Delayed	37 (10%ile)	below avg/borderline
Stroop Color	37 (10%ile)	below avg/borderline
NAB List Learning	37 (10%ile)	below avg/borderline
NAB Shape Delayed	37 (10%ile)	below avg/borderline
Stroop Color	37 (10%ile)	below avg/borderline
NAB Figure Recall	38 (12%ile)	below avg/borderline
NAB Figure Recall	38 (12%ile)	below avg/borderline

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Stroop Word	39 (14%ile)	below avg/borderline
Stroop Color Word	39 (14%ile)	below avg/borderline
Stroop Word	39 (14%ile)	below avg/borderline
Stroop Color Word	39 (14%ile)	below avg/borderline
Block Design (BD)	40 (16%ile)	low average
NAB Language	40 (16%ile)	low average
NAB Memory	40 (16%ile)	low average
BVMT-R Delayed	40 (16%ile)	low average
Block Design (BD)	40 (16%ile)	low average
NAB Language	40 (16%ile)	low average
NAB Memory	40 (16%ile)	low average
BVMT-R Delayed	40 (16%ile)	low average
NAB Fig Org	42 (21%ile)	low average
BVMT-R Total	42 (21%ile)	low average
NAB Fig Org	42 (21%ile)	low average
BVMT-R Total	42 (21%ile)	low average
Information (INFO)	43 (24%ile)	low average
Trails B (TB)	44 (27%ile)	solidly average
Nab Story Recall	44 (27%ile)	solidly average
Trails B (TB)	44 (27%ile)	solidly average
Nab Story Recall	44 (27%ile)	solidly average
NAB Dots	46 (34%ile)	solidly average
Stroop Interference	46 (34%ile)	solidly average
NAB Dots	46 (34%ile)	solidly average
Stroop Interference	46 (34%ile)	solidly average
DVT Time	48 (42%ile)	solidly average
DVT Time	48 (42%ile)	solidly average
Trails A (TA)	49 (46%ile)	solidly average
NAB List Long Delay	49 (46%ile)	solidly average
NAB List Long Delay	49 (46%ile)	solidly average
NAB List Recog	50 (50%ile)	solidly average
NAB List Retention	50 (50%ile)	solidly average
NAB List Recog	50 (50%ile)	solidly average
NAB List Retention	50 (50%ile)	solidly average
NAB Shape Recog	51 (54%ile)	solidly average
NAB Shape Recog	51 (54%ile)	solidly average
DVT Errors	52 (58%ile)	solidly average
DVT Errors	52 (58%ile)	solidly average
NAB Story Retention	57 (76%ile)	high average
NAB Story Retention	57 (76%ile)	high average
NAB Naming	58 (79%ile)	high average
NAB Naming	58 (79%ile)	high average

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Scores by Domains and Groups:

1=09/14/2019

Domain Scores (T Score)	1
0-Premorbid	44
OTBM	37
DTBM	35
1-Attention/Working	37
2-Processing Speed	41
3-Verbal Reasoning	38
4-Visual Reasoning	31
5-Verbal Memory	44
6-Visual Memory	37
7-Dominant Motor/Sensory	25
8-Non Dominant Motor/Sensory	29
Executive Function	31

WAIS III/IV	1
Full Scale IQ	70
Verbal Comprehension	78
Perceptual Reasoning	71
Working Memory	71
Processing Speed	76

Premorbid Domain	1
Barona FSIQ	45
Demographic Estimate	45
Base Level	45
TOPF	44

Attention and Working Memory	1
Arithmetic (ARI)	33
Digit Span (DS)	33
Animal Naming (AN)	26
Sentence Repetition (SR)	25
NAB Attention	35
NAB Dots	46
DVT Time	48
DVT Errors	52

Mental Flexibility and Speed	1
Coding (COD)	33

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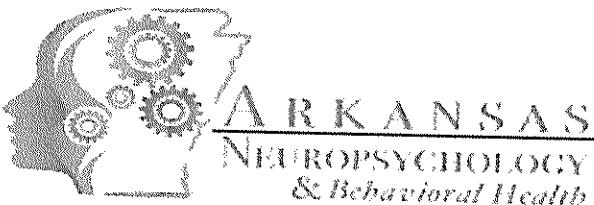
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Symbol Search (SYS)	37
Trails A (TA)	49
Trails B (TB)	44
Stroop Word	39
Stroop Color Word	39
Stroop Interference	46

Verbal Reasoning	**1**
Vocabulary (VOC)	37
Similarities (SIM)	30
Information (INFO)	43
Controlled Oral Word (COWA)	21
NAB Language	40
NAB Naming	58
Stroop Color	37

Visual Reasoning	**1**
Block Design (BD)	40
Matrix Reasoning (MR)	30
Judgment of Line Orientation	20
Visual Puzzles (VP)	30
NAB Spatial	28
NAB Visual Discrimination	22
NAB Figure Copy	36
NAB Fig Org	42

Verbal Memory	**1**
NAB Memory	40
NAB List Learning	37
NAB List Long Delay	49
NAB List Recog	50
NAB List Retention	50
NAB Story Learning	32
Nab Story Recall	44
NAB Story Retention	57

Visual Memory	**1**
BVMT-R Total	42
BVMT-R Delayed	40
NAB Shape Recog	51
NAB Shape Delayed	37
NAB Shape Retention	34
NAB Figure Recall	38

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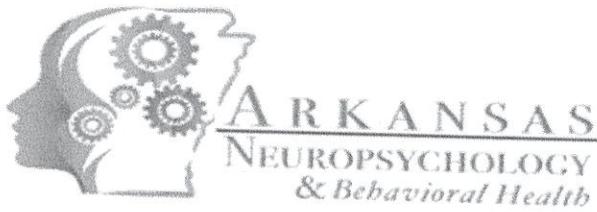
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NAB Figure Recog	22
Dominant Motor and Sensory	**1**
Dom Grooved Pegboard	25
NonDominant Motor and Sensory	**1**
NDom Grooved Pegboard	29
Executive and General Functioning	**1**
Controlled Oral Word (COWA)	21
Similarities (SIM)	30
Block Design (BD)	40
Trails B (TB)	44
NAB Executive	25
NAB Judgment	28

Thank you for referral. Please contact my office should you have any questions.

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